

Prioritising Gender Equality, Disability & Social Inclusion in HSP

Guidance for Grantees



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Table of Contents

Guidance Note	3
1. What is gender equality, disability, and social inclusion?	3
2. What is GEDSI Analysis?.....	5
3. Integrating Gender Equality and Social Inclusion (GEDSI)	6
4. Other Resources	7

Guidance Note

The ASEAN-UK Health Security Partnership Programme (HSP) is committed to systematically integrating Gender Equality, Disability, and Social Inclusion (GEDSI) considerations throughout all stages of its operations. All applicants and grantees are required to adopt a GEDSI approach in designing and implementing their initiatives, ensuring that activities effectively address health inequities, monitor risks to exacerbate gender and social inequalities, and mitigate unintended harmful consequences.

This guidance note provides GEDSI related concept, steps and practical self-assessment tool to help applicants integrate the GEDSI principles into their programme design and implementation.

1. What is gender equality, disability, and social inclusion?

The gender equality, disability, and social inclusion (GEDSI) approach ensures that all individuals, including women and persons with disabilities, particularly those from marginalised and vulnerable populations within the ASEAN region, benefit from HSP funded projects and have equal opportunities and access to health services.

Equality and Equity. While often used synonymously, equality and equity represent two different concepts. Equality emphasises ensuring equal access to rights, resources, and opportunities. Equity, however, focuses on fairness, acknowledging that different groups of populations with different identities and socio-economic backgrounds face different barriers and have different needs to achieve the same level of health security, and thus project should allocate resources and opportunities accordingly. Within ASEAN member states, socio-economic and political factors intensify the risks and vulnerabilities associated with emerging health threats, disproportionately impacting men, women, people with disabilities and marginalised populations. Therefore, prioritising the specific needs of vulnerable groups through equity-focused initiatives is critical for achieving genuine and inclusive health equality for all members of society.

Gender refers to the socially constructed norms, behaviours, and roles associated with being a woman, man, girl, or boy and how they relate to one another. As a social construct, gender varies across societies and evolves over time.

Gender sensitive refers to awareness and recognition of the ways in which gender shapes our reality in terms of the opportunities, needs, and challenges that individuals experience. Gender-sensitive approaches acknowledge the realities of gender difference and the fact that gender-based inequality exists – even if it does not take action to address

or fix the problem. A gender-sensitive project, for example, might acknowledge that women in public health laboratory settings might experience fewer opportunities for career advancement than men. However, whilst the project might seek to help women to gain more access to promotions, it may stop short of addressing the structural reasons for this issue.

Intersectionality serves as a tool for analysing how different identities of an individual, including gender, ethnicity, age, socioeconomic status, and religion, intersect to create distinct experiences of discrimination and exclusion. It acknowledges that these identities are interrelated, and a person's exposure to health risks, vulnerabilities, and access to healthcare services, as well as their ability to achieve health outcomes, are influenced by the combination of these factors rather than any single one in isolation.

Social inclusion refers to the capacity, opportunity, and access for marginalised individuals, including women, gender minorities, people with disabilities, and other minorities and marginalised groups, to engage fully in decisions that affect them and benefit from policy and development initiatives. This concept includes access to the rights to development, participation in decision-making, and access to services and opportunities across all societal levels.

Do No Harm. HSP maintains a zero-tolerance policy for sexual exploitation, abuse, and harassment (SEAH) and is committed to implementing a robust "Do No Harm" framework to guide ethical and responsible programme delivery. All applicants are expected to adhere to this standard. Proposals must consider how interventions may unintentionally exacerbate existing inequalities or harm. Applicants are strongly encouraged to critically reflect on the following questions during the project design phase.

- Can the proposed activities unintentionally exacerbate gender inequality? For example, when projects are designed, who is involved in planning or decision-making, and who is not? How are you ensuring that diverse perspectives are considered and valued?
- How are you ensuring that the design and implementation of interventions are truly evidence-based and take into account the specific needs of vulnerable and marginalised populations? What methods will you use to gather and incorporate this evidence, particularly data that capture the lived experiences and perspectives of vulnerable and marginalised groups relevant to project activities?
- If activities involve programme beneficiaries, what are the proactive steps to assess and mitigate the risks of violence, harassment, and exploitation within the project and its operating context and how will the project ensure accessible safeguarding reporting mechanisms for anyone experiencing or witnessing such incidents?

Applicants for HSP funds should be prepared to share their approaches to Do No Harm in their proposals.

Inclusive Budgeting referred to as Gender and Socially Responsive Budgeting, focuses on ensuring the equitable allocation of resources to reduce or eliminate barriers to the full participation of programme participants. This requires a deliberate and proactive approach to identify and address the different needs of people in terms of diversity. Inclusive budgeting should be applied at the programme level. Practical examples include the following.

- Providing interpretation services (e.g., sign language and translation)
- Providing childcare support for participants or staff with caregiving responsibilities
- Allocating resources to support care providers for people with disabilities
- Providing accommodation arrangements for LGBTIQ+ individuals who prefer not to share accommodation with someone of the same sex assigned at birth

HSP is committed to support grantees with resources necessary for inclusive budgeting.

2. What is GEDSI Analysis?

Gender Equality, Disability, and Social Inclusion (GEDSI) analysis is an essential tool used by projects to understand how various intersecting demographic and socioeconomic factors, such as gender, disability, ethnicity, and social background, affect equitable access to health services, influence vulnerability to emerging health risks, and impact health outcomes. Applicants should develop their proposed projects on the basis of solid understanding of how these factors will influence the success of the project. The specific focus of analysis should be tailored to each project based on the context and at least utilise secondary data review to explore the following key areas:

Differential Vulnerabilities: How do different population groups, such as women, persons with disabilities, ethnic minorities, and rural communities, experience unique vulnerabilities that may influence their ability to benefit from the project?

Access to Health Services: If relevant, do gender, disability, or social identity factors create barriers that limit individuals' access to essential health services?

Influences on Key Actors: How do these influences impact the ability of some key actors such as service providers, technicians, clinicians, policy makers, veterinarians, and managers to learn skills, influence teams, and become leaders.

Populations at Greatest Risk: Which groups are most at risk for health issues targeted by the project, and what factors contribute to this vulnerability?

Gaps and Disparities: Are existing policies, programmes, and mechanisms effectively addressing the specific needs of diverse groups or are disparities perpetuated at the national or regional level?

Responsiveness to Needs: How can the project’s objectives be designed to reduce vulnerabilities, bridge gaps, promote health equity, and respond effectively to the unique needs of marginalised and vulnerable populations?

3. Integrating Gender Equality and Social Inclusion (GEDSI)

To ensure that HSP-funded projects effectively address the needs of all populations, applicants must proactively conduct a GEDSI analysis. This includes at least a secondary review of data about the specific context and engaging meaningfully with representatives from diverse communities – especially those involved in policymaking or affected by the interventions. Their perspectives should be integrated into both the design and implementation of the programme.

The following table outlines the core principles and guidance to integrate GEDSI approach within the HSP programme:

Principles	Guidance
Responsive to the needs of marginalised populations	Incorporate strategies informed by GEDSI analysis that prioritise marginalised and underserved communities, ensuring they are central to the development of proposals and activities.
Inclusive distribution of benefits	Clearly define how project outcomes will benefit a broad range of populations, with special attention to making practices, and interventions accessible and advantageous for marginalised populations.
Disability inclusion	Develop detailed strategies to identify and remove barriers to participation, ensuring full inclusion of persons with disabilities and equitable access to benefits.
Explicit, Measurable Outcomes	If relevant to your project, include one or more clear, specific, and measurable GEDSI outcomes in the results framework. For example: “Women in laboratory have increased access to opportunities for training and coaching from technical experts.”
Inclusive decision-making	For projects focused on policy and legal frameworks, the project should ensure that diverse stakeholder inputs are incorporated into the development and implementation phases to ensure that policies are responsive to the needs of vulnerable and marginalised populations.
Disaggregated Data Collection	Projects should collect and report data disaggregated by sex, age, disability, and other relevant factors to monitor who benefits from programmes and to identify and address health disparities. For example, data on training participants should be disaggregated to enable detailed reporting.
Safeguarding and Do No Harm	Outline specific measures to ensure that programme activities do not cause unintended harm to participants or exacerbate inequality. Applicants are

Principles	Guidance
	encouraged to include information on how the organisation will ensure the protection of programme participants from harm, including issues such as harassment, violence, sexual exploitation and abuse (PSEA).
GEDSI-sensitive budgeting	Allocate sufficient resources to address inclusion gaps, including provisions for accommodations, expenses related to persons with disabilities, women with caregiving responsibilities, and LGBTIQ+ individuals requiring separate arrangements.
Long-term sustainability and scalability	Highlight how integrating GEDSI principles can enhance the long-term sustainability and scalability of the interventions.

4. Other Resources

Checklists & Toolkits

- [Checklist for Integrating GEDSI Across the Programme Cycle](#)
- [ASEAN Gender Mainstreaming Toolkit](#)

Strategies & Frameworks

- [FCDO International Women and Girls Strategy 2023–2030](#)
- [ASEAN Gender Mainstreaming Strategic Framework 2021–2025](#)
- [Initiative for ASEAN Integration \(IAI\) Work Plan IV \(2021–2025\)](#)

Guidance for Programme Implementation

- [Integrating Gender Equality, Disability Equity and Social Inclusion into Monitoring, Evaluation, Learning and Reporting Processes within DFAT Health Programs](#)
- [Gender and climate change analysis](#)